

# Nevada State Board of Dental Examiners

William G. Pappas, D.D.S.  
President



Michael C. Lloyd, D.D.S.  
Secretary-Treasurer

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## APPLICATION FOR PUBLIC HEALTH ENDORSEMENT

Name: \_\_\_\_\_ License No: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Please attach a copy of your malpractice insurance contract.**

Agency Affiliation for Endorsement: \_\_\_\_\_

Address: \_\_\_\_\_

Agency Telephone Number: \_\_\_\_\_

Dental Hygiene Education Institution: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Degree Received: \_\_\_\_\_

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Description of Dental Public Health Program and Protocol (population, procedures, time-line, and referral mechanism): Continue on a separate paper if more room is needed.

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\_\_\_\_\_  
\_\_\_\_\_

Previous Public Health Dental Hygiene Endorsements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### Please sign and have notarized:

I have read, understand and will comply with NAC 631.210 regarding the duties delegable to a dental hygienist in unsupervised practice, conduct my practice in accordance with OSHA guidelines, and maintain malpractice insurance during my endorsement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(seal)

Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application, a copy of your current CPR card, proof of malpractice insurance and letter from the program director to:

Nevada State Board of Dental Examiners  
6010 S Rainbow Blvd., Suite A1  
Las Vegas, NV 89118

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